



## **DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN**

Volume 28 Number 32

<http://www.dss.mo.gov/dms>

November 30, 2005

### **NATIONAL PROVIDER IDENTIFIER TRANSITION PROJECT**

---

#### **CONTENTS**

- **National Provider Identifier Transition Project – Phase 1**
  - **Consolidated Missouri Medicaid Provider Numbers**
  - **National Provider Identifier Transition Project – Phase 2**
  - **NPI Submission to Missouri Medicaid**
- 

#### **NATIONAL PROVIDER IDENTIFIER TRANSITION PROJECT – PHASE 1**

Missouri Medicaid's National Provider Identifier (NPI) Transition Project will be implemented in several phases. Phase 1 will be implemented on January 23, 2006, and will include a provider number consolidation for the following provider types:

- 20 & 24 – Physician, M.D. & D.O.
- 42 – Nurse Practitioner
- 91 – Certified Registered Nurse Anesthetist (CRNA)

The provider types listed above have been assigned more than one Missouri Medicaid provider number if the provider had more than one practice location, either private practice, affiliated with a clinic or a group, or a combination of both. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) standards for NPI limit an individual provider to only one NPI number. As part of Missouri Medicaid's Phase 1 NPI Transition Project, individual providers with more than one Missouri Medicaid provider number will be consolidated to one provider number per individual provider. Providers affected by the Phase 1 transition project will receive written notification in the near future. The written notice will advise which Missouri Medicaid provider number will remain active and which Missouri Medicaid provider numbers are being inactivated effective January 23, 2006.

## **CONSOLIDATED MISSOURI MEDICAID PROVIDER NUMBERS**

On November 23, 2005 Missouri Medicaid sent letters to the individual providers and clinics/groups affected by the Phase 1 NPI Transition Project provider number consolidation. Five different types of provider letters were sent. The different types are:

1. **Providers Associated With Clinic/Group Only** – This letter was sent to providers who only provide services for clinics/groups and who do not currently hold a private practice provider number with Missouri Medicaid. All active provider numbers will be consolidated to one number. The remaining (active) consolidated provider number will be listed on the letter. After Phase 1 implementation, these providers will not be allowed to bill Missouri Medicaid for services rendered as the billing provider. The clinics/groups through which the services are rendered will be required to bill Missouri Medicaid using the remaining active (consolidated) provider number as the performing provider. Reimbursement will be made to the payment address on the Missouri Medicaid Provider Enrollment master file for the billing provider. It will be the individual provider's responsibility to notify the clinics/groups of the remaining active (consolidated) provider number for billing purposes.
2. **Private Practice Providers And Associated With Clinic/Group** – This letter was sent to Missouri Medicaid providers who maintain a private practice provider number and also have provider numbers for services provided for clinics/groups. All active provider numbers will be consolidated to one number. The remaining active (consolidated) provider number will be listed on the letter. After Phase 1 implementation, the remaining active (consolidated) provider number must be used as the billing provider number for all private practice claims. Reimbursement will be made to the payment address on the Missouri Medicaid Provider Enrollment master file of the billing provider. All claims billed by the affiliated clinics/groups must be submitted using the clinic/group Missouri Medicaid provider number in the billing provider number field and the remaining active (consolidated) provider number in the performing provider number field. Reimbursement will be made to the payment address on the Missouri Medicaid Provider Enrollment master file for the billing provider. It will be the individual provider's responsibility to notify the clinics/groups of the remaining active (consolidated) provider number for billing purposes.
3. **Inactivated Performing Provider Numbers Associated with Clinics Only** – This letter was sent to Missouri Medicaid providers only affiliated with clinics/groups whose performing provider numbers will be inactivated due to consolidation. The inactive provider numbers should not be used for dates of service on or after January 23, 2006 or the claims will deny. A separate notification stating the remaining active (consolidated) provider number will be sent to the remaining active provider location. All claims billed by the affiliated clinics/groups must use the clinic/group Medicaid provider number in the billing provider number field and the remaining active (consolidated) provider number in the performing provider field. Reimbursement will be made to the payment address on the Missouri Medicaid

Provider Enrollment master file for the billing provider. It will be the individual provider's responsibility to notify the clinics/groups of the remaining active (consolidated) provider number for billing purposes.

4. **Inactivated Providers With Numbers For Both Private Practice And Associated With Clinics** - This letter was sent to Missouri Medicaid providers whose numbers for private practice and clinics will be inactivated due to consolidation. The inactive provider numbers should not be used for dates of service on or after January 23, 2006, or the claims will deny. A separate notification listing the remaining active (consolidated) provider number will be sent to the remaining active provider location. The remaining active (consolidated) private practice provider number must be used as the billing provider number for private practice claims on or after January 23, 2006. Reimbursement will be made to the payment address listed on the Missouri Medicaid Provider Enrollment master file for the remaining active (consolidated) provider number. All claims billed by the affiliated clinics/groups must use the clinic/group Medicaid provider number in the billing provider number field and the remaining active (consolidated) provider number in the performing provider field. Reimbursement will be made to the payment address on the Missouri Medicaid Provider Enrollment master file for the billing provider. It will be the individual provider's responsibility to notify the clinics/groups of the remaining active (consolidated) provider number for billing purposes.
5. **Clinic Notice** – This letter was sent to all clinics/groups advising Missouri Medicaid individual provider numbers are being consolidated and provider numbers will be made inactive with an effective date of close of business January 22, 2006. It is the practitioner's responsibility to notify the clinic/group of their remaining active (consolidated) provider number to be used as performing provider on or after January 23, 2006. With Phase 1 implementation, all clinics/groups will be required to bill claims using the clinic/group Medicaid provider number in the billing provider number field and the performing practitioner's provider number in the performing provider number field. If the practitioner's remaining active (consolidated) provider number is used in the billing provider field instead of the performing provider field on or after January 23, 2006, claims will be reimbursed to the practitioner - not to the clinic/group.

**Please Note:** Prior Authorization Requests and attachments submitted on or after Phase 1 implementation must be submitted using the remaining active (consolidated) provider number. However, voids, credits and claims affected by timely filing limitations must be submitted using the provider number submitted on the original claim.

**NATIONAL PROVIDER IDENTIFIER TRANSITION PROJECT – PHASE 2**

Missouri Medicaid's Phase 2 NPI Transition Project will be implemented later in calendar year 2006. Phase 2 will include a provider number consolidation, if applicable, for the following provider types:

- 25 – Nurse Midwife
- 30 – Podiatrist
- 31 – Optometrist
- 33 – Audiologist
- 34 – Hearing Aid Specialist
- 35 – Disease Management
- 40 – Dentist
- 46 – Speech and Language Therapist
- 47 – Occupational Therapist
- 48 – Physical Therapist
- 49 – Psychologist
- 74 – Dental Hygienist
- 75 – QMB Only Services

Providers should monitor the Division of Medical Services website at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms) for future Missouri Medicaid Provider Bulletins regarding the NPI Transition Project.

**NPI SUBMISSION TO MISSOURI MEDICAID**

Missouri Medicaid is developing an Internet function at [www.emomed.com](http://www.emomed.com) for electronic submission of NPI numbers for active, enrolled Missouri Medicaid providers. This function will be available in February 2006. New fields are also being added to the Internet web pages for the Provider Enrollment Application to provide for submission of the NPI number for enrollment of new Missouri Medicaid providers who do not currently have a Missouri Medicaid provider number.

**Provider Bulletins** are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
**573-751-2896**